ceeded to refer to the use of the ethylates in cases of scirrhus, and explained the strength of the solution that should be used, its mode of application, and the *rationale* of its action. The ethylates have not yet been administered internally, but they may prove of value, and, moreover, may clear up some difficult points in therapeutics; for example, the action of potassium iodide, a salt which is readily decomposed; and he rather inclined to the belief that the chief agent in the absorbent action of the salt was the liberated potassium, and not the iodine.

Mr. ADAMS said the objection to the knife is the subsequent cicatrization, for small scars may grow and become unsightly. He preferred a subcutaneous operation, and caustics had frequently failed in his hands. He asked Dr. Richardson how the ethylate acted. Was it by absorbing water, or by acting as an astringent?

Dr. RICHARDSON replied that a chemical change takes place; the ethylate takes up water from the tissues, re-forming alcohol; the alcohol then coagulates all the albuminous compounds in its neighbourhood, and the soda liberated acts as a caustic, its action being limited by the coagulation caused by the alcohol. The red blood-corpuscles are also acted on, becoming disintegrated and rendered crystalline, while the white are for a time left unaffected. The risk of too great hemorrhage from the rapid action of the ethylate in cases of pendent vascular tumours, might be met by diluting the ethylate with alcohol, so as to promote coagulation.

Dr. BRUNTON stated that the ethylate has little or no action on the healthy skin, that it limits itself to the spot to which it is applied, and that it can be prepared most simply by adding sodium in small pieces to absolute alcohol.

Encephalocele.

A very rare case has been described by MUHR, in the *Archiv für Psychiatrie*, in which the hernia cerebri presented beneath the nasal bones. During life it formed two tumours the size of walnuts, which lay on each side of the root of the nose, and extended against the nasal bones, at the inner and lower angles of the orbits. They were covered with wrinkled skin, and lessened on pressure, without any sign of cerebral disturbance. Pressure occasioned also a fine crepitation. The patient, who was forty-two years of age, had been epileptic from childhood, and for ten years had presented gradually increasing dementia. He died of phthisis. The frontal portion of each hemisphere was continued into a projection, inclosed in the dura mater, covered with the nasal bone, and separated from one another by the adhesion of the falx to the crista galli. These processes were covered with gray cortical substance, and resembled the olfactory lobes of certain animals. They contained, however, no prolongation of the lateral ventricle, and beneath them lay the optic tracts, apparently normal. On the basal surface of the left projection was a circumscribed area in which the pia mater was opaque and adherent. In the medullary layer of the peduncle of the process were irregular masses of gray substance, and also in the medullary layer of the frontal lobe, in front of the head of the nucleus caudatus. These contained peculiar cells, like those of the cerebral cortex. Otherwise the projection had the same structure as the adjacent part of the frontal lobe, and presented no resemblance to the olfactory lobe of animals. A peculiar degeneration of the large pyramidal nerve-cells was found in the precentral convolution, and in the frontal convolution of two other cases of mental disease the different stages of the changes in the cells were followed. First a pale ring appeared around the nucleus, due to the retraction of the protoplasm. This ring increased in size, while the protoplasm contracted into the processes of the cell, and finally the contour of the cell became less distinct, and only the nucleus remained. A portion of the cortex which had undergone this degeneration resembled closely the medullary substance; besides the undivided vessels only neuroglia and nuclei, in large pericellular spaces, could be seen. A careful description is also given of the bony skull in the case of encephalocele. The transverse diameter of the left orbit was considerably narrowed by the abnormal canal of the encephalocele, and the two nasal bones were completely fused. The bony canal of the encephalocele corresponded to the abnormally developed foramen cæcum. Ordinarily this foramen is occupied by a process of dura mater, which, according to Muhr, contains a large number of sympathetic nerves, and even sympathetic ganglia. It appeared, from careful measurements of the skull, that the deformity had not influenced the form of the rest of the cranium.—*Lancet*, Oct. 12, 1878.

Mimic Spasm of the Face cured by Stretching the Facial Nerve.

Dr. **Baum**, of Danzig, describes a case of the above (*Berl. Klin. Wochenschrift*, No. 40, 1878). The patient, a lady, aged thirty-five, had nursed her husband in a long and fatal illness, towards the end of which she had three or four epileptiform seizures. Immediately after the last, twitchings of the left half of the face, spreading from the eyelids downwards, were noticed. They recurred every two or three minutes with such severity that, without causing pain, they affected the patient's rest, as well as her general health. No abnormality was found in any of the organs of the body, and all that could be made out was that, except the muscles of the ear, all the facial muscles supplied by the portio dura of the seventh nerve were involved. All treatment by drugs—iron and other tonics, narcotics, and iodide and bromide of potassium—failed, as well as that by electricity and "derivatives;" and, as a last resource, stretching the nerve-trunk itself was proposed. The operation was performed on July 20, 1878, nearly six years after the first symptoms of *tic convulsif* showed themselves. The nerve was reached by cutting down the upper border of the parotid gland with antiseptic precautions, and drawing the latter with hooks downwards, outwards, and forwards. The nerve was found of a dark-red colour, but not sensibly thickened. Dr. Baum seized it with a torsion forceps, and squeezed it with some force, at the same time drawing it from its bed. A few small arteries had to be tied before closing the wound. A temporary paralysis of the left half of the face, of half an hour's duration, followed the operation, but the twitchings did not return, nor had they returned at the time of the publication of the paper in October. Dr. Baum thinks the origin of the nerve-lesion may possibly be explained by some injury received during one of the epileptiform attacks above mentioned. That there was a local inflammation of the trunk of the facial nerve after leaving the stylo-mastoid foramen, is certain. He thinks that the rather rough treatment to which the exposed nerve was subjected was largely concerned in the successful result obtained; and that probably, from the comparatively small number of cases which have been published since Billroth and Nussbaum spoke in favour of nerve-stretching, there have been many failures from *too delicate* handling of the particular nerves experimented on.—*Med. Times and Gazette*, Nov. 30, 1878.

Watery Discharge from One Nostril.

At a late meeting of the Clinical Society of London (*Lancet*, Nov. 30, 1878), Sir **James Paget** read notes of a case of this. The fluid about two ounces, shown to the Society, had dropped from the left nostril of a lady, aged forty-nine, and Sir James stated that similar fluid has been dropping with rare intermissions for eighteen months. The fluid looked like pure water, or like that from the pia